

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

David Price for Congress Committee

Full Name (Last, First, Middle Initial)

A. Durham County Democratic Party

Mailing Address P. O. Box 52021

City
DurhamState
NCZip Code
27717Purpose of Disbursement
Contribution

Candidate Name

☐ 011
Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11854

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	7	/	2	0	0	6

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Erlandson for US Representative

Mailing Address P.O.Box 15805

City
MinneapolisState
MNZip Code
55419Purpose of Disbursement
ContributionCandidate Name
Mike Erlandson
☐ 011
Category/
Type
Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 05

Transaction ID: D11855

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	4	/	2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Friends of Jim Marshall

Mailing Address PO Box 125

City
MaconState
GAZip Code
31202Purpose of Disbursement
ContributionCandidate Name
Jim Marshall
☐ 011
Category/
Type
Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 08

Transaction ID: D11934

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2250.00

TOTAL This Period (last page this line number only)